



INFORMATION SHEET AND APPLICATION FOR COMMUNITY SERVICES FUNDING FISCAL YEAR 2009

- ***What is the Community Services Fund?***

The Community Services Fund (CSF) provides local funds, through a competitive process, for human service programs and activities. The program is administered through the City's Housing and Human Services Division (HHS). Oversight and program selection is done through the Human Services Advisory Council (HSAC), a citizen appointed commission.

- ***What are the criteria for applying to the Fund?***

Applicants must be nonprofit agencies serving City residents. Applicants may apply for either general operating expenses. Programs funded previously include legal services, housing counseling, emergency assistance, services to the blind, and regional health planning.

- ***What is the application process?***

Applications are available through HHS and must be delivered/received by Noon on December 7, 2007. Application forms can be sent via email. The HHS and HSAC review applications. Public hearings will be held in January and HSAC will formulate recommendations to present to City Council in February. The funding recommendations are considered as part of the City budget process in March/April.

- ***What are the grant amounts?***

Grant amounts vary and have ranged from about \$1,000 to \$24,000. The total amount of funds available is expected to be about \$80,000.

- ***What are the requirements of a grant?***

Agencies receiving grants will receive a contract prior to the start of the fiscal year (July 1, 2008). The contract outlines procedures for *reimbursement* and reporting requirements. Grantees must submit a standardized quarterly report of outcome measures based on the program proposal and number of City residents served.

Community Services Fund FY 2009 Proposed Timeline

<i>Date</i>	<i>Activity</i>
October 25	Notice of Funding Availability
October 25 – December 6	Orientation Meeting (by appointment)
December 7	Proposals due to HHS (12:00pm)
December 14	Proposals & Evaluation Sheets to HSAC
January 10 January 17 January 24	HSAC Public Hearings on Proposals <ul style="list-style-type: none"> • Jan. 10 – Admin Conf. Room @ 7pm • Jan. 17 – Admin Conf. Room @ 7pm • Jan. 24 – Planning Conf. Room @ 7pm
February 21	HSAC Review and funding recommendations Recommendation letters sent to applicants
March/April	Funding recommendations forwarded to City Council for FY09 budget Funding recommendations presented at City Council budget hearing (dates flexible, but must be prior to final Council budget hearing)



**APPLICATION FOR COMMUNITY SERVICES FUNDING
FISCAL YEAR 2009**

Type of Request (Check Only One):

Amount Requested: _____

- ☐ Human Services Project
- ☐ Grant in Lieu of Tax Exemption*

* See attached supplemental form for additional documentation requirements.

Organization Information:

Name: _____

Address: _____

Contact Person: _____

Telephone: _____ Fax: _____ Email: _____

Federal Tax ID#: _____ Date of Incorporation: _____

501(c)3 Certification: _____ Principal Headquarters: _____

Date organization began operations in the City: _____

Please complete the following in the space provided.

I. Brief Description of the Organization Objectives and Related Past Activities:

Include organizational chart, related job descriptions, and résumés for existing personnel involved.

II. Project Overview:

Include goals, objectives, timeframes, marketing strategy for outreach to City residents

III. Demonstration of Need that exists for Falls Church City residents

Include other services available and how this project duplicates, complements, or adds to meeting need. Applicants must demonstrate need using documented/published information from third-party sources.

(Ex. – Number of calls on domestic issues to police has increased by 25 households over the past year):

IV. Results to be achieved – outputs/outcomes

(Ex. – Families will learn to address domestic issues without resorting to calls to police):

- A) Total number of City residents and households provided activity/service
(Ex. - 25 households will receive family counseling services):

- B) Total number and percentage of City residents expected to achieve outcome (Ex. - Of 25 households receiving family counseling services, 75% will report positive family functioning after 6 months):

- C) How results to be achieved impact identified need/problem
(Ex. - Increased positive family functioning decreases number of police calls for domestic issues):

V. Budget Adjustments

Describe how a 10% decrease and a 10% increase in the grant request will affect the organization's historic ability to provide the service. (Applicants are reminded to be realistic in their budget summary; grant request inflation is discouraged). The response should be based on the marketing plan and the documented need identified in the application.

Program Budget and Revenue Form

Community Services Fund

	FY2007 Actual	FY2008 Budget	FY2009 Requested
I. PROGRAM REVENUE BUDGET			
1. Community Services Fund	\$ _____	\$ _____	\$ _____
2. Other non-City cash funding:			
- Other local governments	_____	_____	_____
- State government	_____	_____	_____
- Federal government	_____	_____	_____
- United Way	_____	_____	_____
- Grants	_____	_____	_____
- Other	_____	_____	_____
3. In-kind contributions (Please detail)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
4. Other City funding and/or contributions (i.e., fee waivers for City services)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
TOTAL PROGRAM REVENUE	\$ _____	\$ _____	_____
II. PROGRAM COSTS AS PERCENTAGE OF TOTAL ADMINISTRATIVE COSTS	\$ _____	\$ _____	_____
III. PROGRAM EXPENDITURE BUDGET			
A. PERSONNEL COSTS	\$ _____	\$ _____	\$ _____
1. Salaries (list each position and provide hourly rate, total hours annually on project)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
2. Fringe Benefits (list all applicable line items)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

	FY2007 Actual	FY2008 Budget	FY2009 Requested
SUBTOTAL	\$_____	\$_____	\$_____
B. OPERATING EXPENSES			
1. Space Rental	_____	_____	_____
2. Postage	_____	_____	_____
3. Office Supplies	_____	_____	_____
4. Printing/Copying	_____	_____	_____
5. Consultant Services	_____	_____	_____
6. Telecommunications	_____	_____	_____
7. Training	_____	_____	_____
8. Travel	_____	_____	_____
9. Client Services (list all Applicable line items)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
10. Equipment Rental	_____	_____	_____
11. Others (Itemize)	_____	_____	_____
SUBTOTAL	\$_____	\$_____	\$_____
TOTAL PROGRAM EXPENDITURE	\$_____	\$_____	\$_____